CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	Guide explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages flect		
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FRST	MI	OFFICE USE ONLY		
NAME	NICIONAME LAST	SUFFIX	Date Reservat		
4 CANDIDATE/	ADDRESS / PO BOX: APT / SUITE #: C	J.K., ITY: STATE: ZIP CODE	RECEIVED (2)		
OFFICEHOLDER MAILING	4909 WILMINGTON I	,	△ APR 2 9 2005 △		
ADDRESS Change of Address	l		CITY SECRETARY		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 731-6149	extension	Receipt #		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST	MI	Data Processed		
	NEODIANE LAST REED IN.	SUFFIX	Date imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	TE #; CITY; STATE;	ZIP CODE		
TREASURER ADDRESS (Residence or business)	SAME AS A	BOVE			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	() SAVE AS A	Bove			
9 REPORT TYPE	January 15 30th day before election	n Runoff	15th day efter campaign tressurer appointment (officeholder only)		
	July 15 Sth day before election		Finel report (Altsoh C/OH - FR)		
10 PERIOD COVERED	Month Day Year THRON	UGH 04 /27 /	105		
11 ELECTION	ELECTION DATE BLECTION TYPE Month Day Year	Æ			
	05/07/05 Primery		General Special		
12 OFFICE	OFFICE HELD (It enty)	13 OFFICE SOUGHT (Flower) FT. WONTH CITY	COUNCIL DIST. 7		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expanditures are campaign expanditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expanditure.				
	Name				
	Address / PO Box; Apt. / Sulter #; City; State; Zip Code				
additional pages					
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER	REPORT:
SUPPORT & TOTALS	

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

(512)463-5800

SUPPORT	a IOIAL	9			
15 C/OH NAME			16ACCOUNT#(Etrice Correctation Stars)		
17 NOTICE FROM POLITICAL	may have been made	ice of political expenditures by political committees to support the candid without the candidate's or officeholder's knowledge or consent. Candidate they receive notice of such expenditures.	iste / officeholder. These expenditures se and officeholders are required to report		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE HAME NONE N/A			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **DECEMPTOR: ACCEPT		\$ DACCETTED NONE \$ DACCETTED		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ Ø		
	4. TOTAL POLITICAL EXPENDITURES		\$ Ø		
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	s Ø		
19 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.					
HOTARY PUBLIC STATE OF TEXAS COUNTISSION EXPIRES: APRIL 3, 2009 Signature of Capabilitate or Official odder					
Sworn to and subscribed before me, by the said LEON RED, JA., this the 29 day					
of April , 20 0 5 , to certify which, witness my hand and seal of office. Notary Public Signature of officer administering cath Printed name of officer administering cath Title of officer administering cath					
1	•				